

**Massachusetts Bioterrorism Preparedness Advisory Committee**

**State Lab Auditorium, Jamaica Plain**

**1:00-3:00pm**

**June 25, 2002**

**Welcome, Introductions, and Updates**

*Commissioner Koh*

Commissioner Koh announced that DPH received an award letter for the CDC and HRSA cooperative agreements on June 6, 2002. The letter pointed out three new priorities to be accomplished:

1. Detailed plan for the distribution of antibiotics from the National Pharmaceutical Stockpile to the entire population or vaccination of at risk population within 3 to 5 days of recognition of a bioterrorist incident.
2. Plans in each hospital region to accommodate a surge of 500 acutely ill patients.
3. All hospitals should make provision for isolation rooms in their emergency departments, in particular, for any suspect smallpox case and all febrile patients with rash who might possibly be developing the disease and could spread it to others. Hospitals have the potential to reduce illness by ensuring that they will not be sites of transmission.

**Presentation of Preparedness Regions and Discussion**

*Ralph Timperi*

**Function of Preparedness Regions**

- Provide an administrative structure to facilitate planning for public health
- Enable timely and efficient allotment of resources to support comprehensive, integrated and local planning, preparedness and response capacity on a statewide basis
- Provide a beginning framework for development of an operationally effective and comprehensive public health preparedness and response system that is integrated with public safety and hospital systems

### Preparedness Regions Job One

- Through collaboration, evolve the best public health system that assures comprehensive public health preparedness and an aggressive, effective response to emergencies
  - Clear, well-structured system
  - Integrated with public safety and the hospital system
  - Understood by the public and accessible to every component of the overall preparedness system

### Objectives for Preparedness Regions

- Facilitate public health planning, training, and resource allocation for all jurisdictions
- Describe strengths and weaknesses of the current public health infrastructure, and the strategies for continual improvement
- Rapidly improve preparedness and response through effective use of Bioterrorism Preparedness and Response funding

### Getting Underway

- DPH provides a coordinator position, office and administrative support to each region to support planning and training
- Coordinators represent interests of all cities and towns within Preparedness Region
- Critical to develop good communication with hospital and public safety systems to begin planning for “one system”
- Workgroups will take on topic specific issues to address statewide issues and aid regions in solving problems

### Principles for Success

- There will be one regional system for preparedness and response
  - Adopt a long-standing existing system, e.g., EOHHS, hospital, MEMA
  - Adopt a new system, e.g., SATURN
  - A single functional system, i.e., All critical operational partners develop procedures and protocols to ensure effective operations among the different existing structures already established for EOHHS, hospitals, MEMA, etc.
- The final system should evolve from open discussion and consensus

## Questions and Comments:

1. What are the populations for each region?  
Nancy Ridley: At the next meeting we will present demographics for the regions.  
Al DeMaria: Each of the 7 regions account for approximately 9% - 19% of the total population.
2. Concern regarding UMASS Memorial/Marlborough location in the regions.  
Ralph Timperi: We will further discuss locations of specific hospitals and possibly move things later.
3. Concern regarding the size of the Western Massachusetts region and having only one coordinator for that region.  
Ralph Timperi: Part of the planning process is to identify the needs of each region, which will vary, and use resources to address the region-specific as well as statewide needs.

<b>Overview of Hospital Bioterrorism Preparedness Activities</b>
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*Nancy Ridley*

The last meeting of the Hospital Preparedness Planning Committee went well in terms of laying out priorities, including the work groups. Several of the work groups will overlap with the CDC work groups.

In the HHS letter Nancy received regarding the planning document submitted by MPDH, there are two points to be completed and reported on by October:

1. Coordinate with the three MMRS's (Boston, Worcester, Springfield) with CDC and HRSA
2. Complete a needs assessment for the Wampanoag tribe on Martha's Vineyard

The letter also noted a concern for the impact of a bioterrorism event on health care workers' families.

Nancy also noted:

- 92 decontamination/mass casualty units will be ready in November, in a program created by David Ladd at DFS. The units will be placed at either hospitals or fire departments, decisions will be made on the local level. 15 units will be located at the 15 fire districts. The rest will be located in cities/towns with hospital ERs.
- Another priority is a short term pharmacy stockpile for biological and chemical emergencies. The rest will be carried out collaboratively by CDC and HRSA.
- The Bioterrorism bill just signed by the President says that \$510 million will be appropriated for hospital infrastructure in 2003.

<b>Formation of Work Groups: Purpose, Representation, and Next Steps</b>
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*Al DeMaria*

Purpose:

1. There is a lot to do across the programs, by organizing groups to work together, incorporating input and participation from others, and using available resources, we can get things accomplished
2. Some issues are very controversial and need a broad group to work out the details and come up with a public consensus
3. Will accomplish the mandate of the Advisory Committee

Representation:

- Work groups will include Advisory Committee members and others invited by DPH or suggested by the Advisory Committee
- Work groups will receive questions and tasks from DPH and the Advisory Committee and report back to the Advisory Committee
- Each work group will be staffed by DPH staff
- Each group will consist of approximately 10-20 people, at most

## **WORK GROUPS:**

1. Decontamination and Isolation  
Contact: Nancy Ridley, 617-624-5280, [Nancy.Ridley@state.ma.us](mailto:Nancy.Ridley@state.ma.us)

This group's short term task is to work with EMS and fire departments to determine how the new decon units will be deployed. Decon and isolation are two separate issues but this work group will coordinate them across both programs, with one needs assessment survey. This group will also look into the issue of hospital isolation rooms for smallpox.

2. National Pharmaceutical Stockpile

Contact: Grant Carrow, 617-983-6701, Grant.Carrow@state.ma.us

The immediate charge is to review, fine-tune and enhance the Department's interim plan for management of NPS assets. The interim plan will serve as a framework for the development of a detailed, statewide NPS asset management plan that is a high priority for DHHS and DPH. The subcommittee will also explore ways in which to train state and local planners on the interim plan and to communicate expectations for the development of local and regional NPS asset management plans.

3. Hospital Surge Capacity

Contact: Nancy Ridley, 617-624-5280, Nancy.Ridley@state.ma.us

The group must determine how to address the need to accommodate 500 acutely ill patients per hospital region. The group may explore alternative sites to receive and treat patients. A plan must be in place by October 2002.

4. Laboratory

Contact: Ralph Timperi, 617-983-6201, Ralph.Timperi@state.ma.us

This is an ongoing work group to enhance diagnostic testing, field testing coordinated with the public safety agencies, remote testing, and secure web based reporting.

5. Smallpox Vaccine

Contact: Al DeMaria, 617-983-6550, Alfred.DeMaria@state.ma.us

This group will focus on the complex issue of predesignating hospitals as smallpox hospitals, with hospital staff and responders vaccinated. A policy on patient transfer must be determined, as well as a decision on hospitals volunteering versus DPH selecting them.

6. Needs Assessment

Contact: Jana Ferguson, 617-983-6731, Jana.Ferguson@state.ma.us

This group will coordinate the development and implementation of the Needs Assessments that must be conducted across the Focus Areas of the CDC Cooperative Agreement and, to some degree, of the HRSA Cooperative Agreement. One of the first tasks will be to determine the roles and functions of local health departments in public health emergencies.

7. Education, Training, and Risk Communication

Contact: Bob Goldstein, 617-983-6807, Bob.Goldstein@state.ma.us

This group will coordinate the overlap of education and training across all of the Focus Areas of the CDC cooperative agreement and the HRSA cooperative agreement.

8. Epidemiology and Surveillance

Contact: Bob Goldstein, 617-983-6807, Bob.Goldstein@state.ma.us

From Focus Area B, there are several issues to be coordinated including surveillance, reporting issues, epidemiologic studies, food safety, water safety, and animal health. This group will begin as an overall work group and will then decide how to address the various topics.

9. Health Alert Network

Contact: Bob Goldstein, 617-983-6807, Bob.Goldstein@state.ma.us

There should be a prototype of the Health Alert Network (HAN) by the end of the summer/early fall. The work group will pilot the system, develop the protocol, ensure adherence to national standards, and ensure that local communities are fully connected.

Next Steps:

- Please contact the lead DPH person of the work group you are interested in by July 5

- There will be a website set up for CDC and HRSA with links to each MMRS so committee members and work group members can get information and member lists
- Groups will use email for communication
- The next meeting of the Bioterrorism Preparedness and Response Advisory Committee is July 30 at 10am at the State Laboratory

#### Questions and Comments:

1. What about reciprocity issues, working with other states?  
Nancy Ridley: That is a HRSA Second Priority Planning area. This Thursday and Friday there is a meeting with all of the New England states.
2. Will the work groups be coordinated with each other?  
Al DeMaria: That is what the Advisory Committee meetings are for.
3. How frequently will the work groups meet?  
Al DeMaria: It depends on the group, some, such as Decon and Isolation and Surge Capacity will meet in mid July and three or four times through September, others not so often, it depends on the issue.
4. Will there be a test of the HAN soon? Some local health departments are concerned that the HAN is a shortcut for the needs assessment.  
Al DeMaria: The HAN is a parallel with the needs assessment, they are mutually beneficial.
5. Any thoughts on work groups for each preparedness region?  
Al DeMaria: No, the work groups are statewide groups for statewide issues. The regions will be incorporated throughout the whole process.
6. Is Massport represented anywhere? There is concern about people coming into the state with diseases.  
Nancy Ridley: The Chief of Commonwealth Security is our link to Massport.
7. Are the work groups separate or the same for CDC and HRSA?  
Al DeMaria: We'll see as we go along, but some groups will overlap.

8. What's being done to bring in local health departments?  
Al DeMaria: People from local health departments are welcome to join the work groups.  
Nancy Ridley: That's why we hired Jana. Jana will have meetings to focus specifically on local planning.
9. Are these work groups just for intake or to go out and deal with the issues?  
Al DeMaria: They are for both preparedness and response.